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To Whom It May Concern:

NAMI Kentucky, the Kentucky affiliate of the National Alliance on Mental Illness, appreciates the stated goal of Kentucky's Section 1115 demonstration waiver application to empower individuals and maintain the long-term fiscal sustainability of Medicaid in the Commonwealth but asks the Center for Medicare and Medicaid Services (CMS) to consider parts of the waiver application that will impact people suffering from Mental Illness. NAMI Kentucky's mission is to provide education, support, and advocacy for the well-being of all individuals affected by mental illness. To that end, we have three major concerns with the waiver application as submitted—the manner in which the Kentucky Department of Medicaid Services (the Department) will determine which Medicaid beneficiaries are “medically frail,” the difficulty of correspondence between the Department and some “medically frail” beneficiaries, and the decreased potential for early detection of mental illness.

Our first concern centers on the definition and determination of “medically frail.” NAMI Kentucky wants to be sure that all people with severe and persistent mental illness are exempt from both the Alternative Benefits Plan (section 3.1.1) and the “cost sharing” premium and copay requirements (section 4) contained in the waiver, which will turn on that determination process. Section 3.3 of the waiver application specifically refers to “serious mental illness,” as well as the definition for “medically frail” contained in 42 CFR §440.315(f). NAMI Kentucky appreciates the Department's work to expand this section of the waiver after their public comment period earlier this year. Many organizations and individuals, including NAMI and several of its members, submitted comments requesting clarity on this section and the Department complied. The waiver application now explains the ways that an individual will be identified as potentially medically frail. Once identified, then a Managed Care Organization (MCO) would collect data on the individual and submit that data to an objective “approval process . . . based on objective criteria established by the State.” NAMI Kentucky applauds the clarification provided after the state comment period, but now asks for more clarity, specifically regarding the approval process. What exactly is that process? The Department should seek the guidance of mental health professionals, individuals suffering from mental illness, and their families in designing this objective approval process to ensure that every Medicaid-eligible Kentuckian who needs mental healthcare services has access to them.

Another practical barrier that is already affecting many people with severe mental illness in Kentucky is the inefficiency of correspondence between the Department and Medicaid beneficiaries. People in recovery from mental illness (those who are undergoing treatment and fighting to overcome the effects of the illness) are hardworking people trying to get back on their feet, to find some sense of normalcy, to get back in the flow of their lives, their families, and their communities. Many do not have consistent home addresses that they check regularly. Even if they receive letters from the Department and MCOs regarding their health plans, the symptoms of their illnesses or side-effects of medications limit their ability to correspond appropriately and timely. NAMI Kentucky asks CMS consider this communications barrier when dealing with much of the “medically frail” population. The Department needs a plan in place to communicate with Medicaid beneficiaries with severe and persistent mental illness.

Our final concern centers on the relationship between primary healthcare and mental healthcare. Primary care providers are often the first to hear patients’ mental health symptoms. In a properly functioning healthcare system, those primary care providers then refer to mental health professionals for psychological evaluations and treatment. As submitted, Kentucky’s 1115 waiver proposal would impose a work requirement on most Medicaid beneficiaries. If those beneficiaries do not comply with the work requirement and lose their primary care benefits, there would be no way to detect early symptoms of mental illness. Many people with mental illness would therefore have no coverage and would go untreated until their symptoms become severe. In addition to the human toll on the patients who would not receive needed mental health services, this would create financial inefficiencies when patients are hospitalized instead of receiving less expensive outpatient treatment.

While considering Kentucky’s Section 1115 waiver application, please keep in mind the thousands of Kentuckians who have severe and persistent mental illness and will be unable to be healthy, productive members of their communities and the Commonwealth of Kentucky without Medicaid. Early detection and treatment, being determined “medically frail” under the waiver, and efficient correspondence regarding their health plans is the only way that they can do so.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'J. Michael E. Gray', with a stylized, flowing script.

J. Michael E. Gray, JD, MUP
Advocacy Coordinator
NAMI Kentucky